

**PRESBYTERIAN YOUTH TRIENNIUM**  
**Applicant/Participant Information Form**



**Personal Information**

Name: \_\_\_\_\_

Badge name: (if different from your given name) \_\_\_\_\_

Age you will be on July 20, 2010: \_\_\_\_\_ Gender: M / F T-shirt size: \_\_\_\_\_

Classification: Adult Advisor \_\_\_ Ambassador \_\_\_ Care Giver \_\_\_ Global Partner \_\_\_ Youth \_\_\_

Ethnicity: (optional) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home church: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Application Section**

Church involvement: \_\_\_\_\_

School or Community involvement: \_\_\_\_\_

Why do you want to attend PYT 2010? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Roommate Request: (must be mutual) \_\_\_\_\_

Special Needs: \_\_\_\_\_

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Special Needs Include: Insulin Dependent, Prescription Meds on a timed basis, Refrigerator for meds or special foods, Wheelchair/Electric Cart Access, Accessible residence hall, mobility (distance walking issues).

Send this application along with \$100 deposit (checks made out to John Calvin Presbytery) to:  
John Calvin Presbytery  
2150 West Republic Road  
Springfield, MO 65807